

**DRINKING WATER STATE REVOLVING FUND
SOURCE WATER PROTECTION
LOAN PRE-APPLICATION**

For the placement of a water system on the Priority List
See instructions on separate sheet.

FOR DHS USE ONLY

Project No.: _____ Category: _____

Rater: _____ Date received: _____

Official Water

System Name: _____ System ID No.: _____

Population Served _____ County (where physically located): _____

1. State Revolving Fund Source Water Protection loans are intended to be used to fund source water protection projects for community water systems, as well as land or easement acquisition by community and non-profit noncommunity water systems.

☐ Check the box if this proposal complies with the above criteria.

2. Briefly describe the type of contaminant(s) of concern for your system, identify the activities they are associated with, and specify the source(s) that would be addressed by this source water protection project or land/easement acquisition; also fill out the back of this form. (Attach documentation if available; refer to instructions.)

3. Project Title for Priority List (10 words or less, including the name of the source):

4. Describe your project and how it will address the contaminant(s) identified above.

5. Project involves (check all that apply):

☐ Planning study ☐ Engineering/design ☐ Construction ☐ Public education ☐ Land acquisition
☐ Equipment ☐ Implementing SWP program elements ☐ Conservation easement

6. Estimate the amount of SRF SWP funding required to address the contaminant(s): \$ _____

7. Has a source water assessment been completed for the source(s) identified in this project?

☐ Yes or ☐ No; expected to be completed by: ☐ Water System? by _____ or ☐ Department or County?
date

Please type or print legibly. You will receive an acknowledgement that this pre-application has been received.

Signature of Representative _____ Printed Name of Representative _____ Title of Representative _____

Address: _____ (street) _____ (city) _____ (zip code)

Phone Number: (area code) _____ FAX Number: (area code) _____ Date _____

SEND TO: Department of Health Services, Drinking Water Program (district office address)
or FAX both sides to: (district office fax #) **by November 1, 2001**

**Additional Information Requested by the Department, if available,
for Drinking Water State Revolving Fund source water protection loan pre-application**

ADDITIONAL INFORMATION (Send or Fax this page to the DHS district office with the pre-application form)

Official Water

System Name: _____ System ID No.: ____-____-____-____-____-____

- A. For the project you are proposing in this application, please check off the type of contaminant(s) that you consider to be a problem and indicate the protection zone(s) in which the associated Possible Contaminating Activities occur.

Ground Water Sources

Dimensions of Zone A: ☐ Default distance = 600 feet radius or ☐ Other _____ feet
 Dimensions of Zone B5: ☐ Default distance = 1,000 feet radius or ☐ Other _____ feet
 Dimensions of Zone B10: ☐ Default distance = 1,500 feet radius or ☐ Other _____ feet

Check as applicable	Type of contaminant	Contaminant associated with Possible Contaminating Activities (PCAs) in:
	Microbial	Zone A
	Nitrate	Zone A
	Nitrate	Zones B5 and B10 and/or recharge area
	Disinfection byproducts and/or chemicals	Zones A and/or B5
	Disinfection byproducts and/or chemicals	Zone B10
	Disinfection byproducts and/or chemicals	Recharge area
	Microbial	Zones B5 and/or B10
	Microbial	Recharge area
	Microbial	Buffer zone, if established
	Nitrate	Buffer zone, if established
	Disinfection byproducts and/or chemicals	Buffer zone, if established

If zones have not been established, or an assessment has not been completed, estimate zones based on DWSAP default distances.

Surface Water Sources

Dimensions of Zone A: ☐ Default distance = 400 feet from reservoir boundary or ☐ Other _____ feet
 and Zone A: ☐ Default distance = 200 feet from tributaries or ☐ Other _____ feet
 Dimensions of Zone B: ☐ Default distance = 2,500 feet from intake or ☐ Other _____ feet

Check as applicable	Type of contaminant	Contaminant associated with Possible Contaminating Activities (PCAs) in:
	Microbial	Zone A
	Microbial	Zone B
	Disinfection byproducts and/or chemicals	Zones A and/or B
	Disinfection byproducts and/or chemicals	Watershed
	Microbial	Watershed

If zones have not been established, or an assessment has not been completed, choose "watershed".

- B. Has a local task force or workgroup been organized that can develop and implement a Source Water Protection program?

☐ Yes

☐ No

- C. Has your water system or an associated organization developed a Source Water Protection program that identifies possible management measures?

☐ Yes

☐ No

D. Has the contaminant(s) that the project proposes to address been released and is the direction of movement towards the drinking water source?

☐ Yes

☐ No

SOURCE WATER PROTECTION PRE-APPLICATION FORM INSTRUCTIONS

For more information about source water assessments and protection activities refer to the Drinking Water Source Assessment and Protection Program, January 1999. (Available on the Internet at <http://www.dhs.cahwnet.gov/ps/ddwem/dwsap/DWSAPindex.htm>)

WATER SYSTEM NAME: The name of the city, county district, nonprofit organization or company.
Examples: ABC Irrigation District, Smithtown PUD, John Doe School.

WATER SYSTEM NUMBER: The number assigned to your water system by the State or County Health Department. Your system number may be located on your mailing label and consists of a seven-digit number.

POPULATION SERVED: The total estimated population served by the water system.

COUNTY: The name of the county in which the water system is physically located.

1. Funds from this program are only available for drinking water source protection projects. Only community water systems and nonprofit noncommunity water systems are eligible. If your project or water system does not meet the stated criteria, do not submit a pre-application.
2. The type of contaminant(s) (see table on back of pre-application), and the associated Possible Contaminating Activities (PCAs) should be described in sufficient detail to allow the Department to understand and evaluate the nature of the problem. The description should identify the area or zone in which the associated PCAs are located.

When documentation is available to substantiate the contaminant threat (e.g., source water assessment, wellhead protection plan, ground water or watershed management plan) it should be attached to the form. If you are proposing more than one project, a separate pre-application should be submitted.

3. Assign a project title that can be used in the project priority list. The title must be 10 words or less and must contain the name of the source addressed by the project. Example: "Smith Lake Sanitary Facilities Improvement" or "Well 1 Nitrate Abatement".
4. Describe the proposed project that will address the contaminant(s) of concern. Type of projects that may be eligible for funding include only those that are directly associated with source water protection measures such as destruction of abandoned wells; hazardous waste collection programs; public education; water quality monitoring at critical points in protection areas; fencing out cattle and other animals from intakes, tributaries or reservoir boundaries; restricting public access to critical areas in protection areas; evaluations of agricultural practices and education on best management practices; installation of signs at boundaries of zones or protection areas; land acquisition; conservation easements; and structures to divert contaminated runoff from the source.

Projects that are ineligible for funding include those for which other funding mechanisms already exist, such as cleanup for identified hazardous waste sites and leaking underground storage tanks. Funds cannot be used for federal or state agencies.

5. Identify the components of the proposed project. Check all that apply.
6. Provide your best estimate of the amount of SRF Source Water Protection Loan Funding that would be needed to complete the project described in this pre-application. The maximum amount of funding available per project is \$2,000,000.
7. Indicate whether a California DWSAP assessment has been completed for this source(s). If an assessment has not been completed, indicate whether the water system will conduct the assessment and the expected date of completion. Otherwise, the Department or the local LPA county will complete the assessment.